

ENTERED

Secretarial Plot Plot

Plot Plan on reverse side



wn, City, Village, State or Federal
Permits May Also Be Required

LAND USE – X
SANITARY – X
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0328** Issued To: **Mary Ann Cashin & Ann Marie Koski**

Location: - $\frac{1}{4}$ of - $\frac{1}{4}$ Section **19** Township **45** N. Range **9** W. Town of **Barnes**

E 100' of W 360' of

Gov't Lot **9** Lot Block Subdivision CSM#

For: **Residential Other: [Vaulted Privy (275 Gallon)]**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s):

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.
This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Tracy Pooler

Authorized Issuing Official

August 16, 2017

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
DATE RECEIVED
AUG 01 2017
Bayfield Co. Zoning Dept.

Permit #:	17-0330
Date:	8-16-17
Amount Paid:	\$75.00 CASH
Refund:	205 8/1/2017

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: <u>Charles He Meikelst</u>	Mailing Address: <u>4155 Felix Rd Barnes WI 54873</u>	City/State/Zip: <u>715 795 2563</u>	Telephone: <u>715 795 2563</u>
Address of Property: <u>Same</u>	City/State/Zip: <u>Same</u>	Cell Phone: <u>Same</u>	Plumber Phone: <u>Same</u>
Contractor: <u>None</u>	Contractor Phone: <u>None</u>	Plumber: <u>None</u>	Plumber Phone: <u>None</u>
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone: <u>None</u>	Agent Mailing Address (include City/State/Zip): <u>None</u>	Written Authorization Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
PROJECT LOCATION: <u>1/4, 1/4</u>	Legal Description: (Use Tax Statement) <u>1302</u>	Tax ID# (4-5 digits) <u>1302</u>	Recorded Deed (i.e. # assigned by Register of Deeds) Document #: <u>892</u> R. <u>231</u>
<u>1/4, 1/4</u>	Gov't Lot <u>4</u>	Lot(s) <u>892/233</u>	Vol & Page <u>892/233</u>
Section <u>3</u> , Township <u>44 N</u> , Range <u>9 W</u>	Town of: <u>Barnes</u>	Lot Size	Acres <u>3.016</u>
<input checked="" type="checkbox"/> Shoreland <input type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <u>Yes</u> If yes--continue <u>Yes</u> If yes--continue <u>Yes</u>	Distance Structure is from Shoreline: <u>250</u> feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage	Distance Structure is from Shoreline: <u>250</u> feet	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Value at Time of Completion * include donated time & material <u>\$20,000</u>	Project and/or basement	Use	# of Stories and/or basement	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: <u>SA</u>	<input checked="" type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>SA</u>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/>
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/>

Existing Structure: (if permit being applied for is relevant to it)	Length: <u>280</u>	Width: <u>24</u>	Height: <u>13</u>
Proposed Construction:	Length: <u>280</u>	Width: <u>24</u>	Height: <u>13</u>

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	(<u>X</u>)	
<input type="checkbox"/> with Loft		(<u>X</u>)	
<input type="checkbox"/> with a Porch		(<u>X</u>)	
<input type="checkbox"/> with (2 nd) Porch		(<u>X</u>)	
<input type="checkbox"/> with a Deck		(<u>X</u>)	
<input type="checkbox"/> with (2 nd) Deck		(<u>X</u>)	
<input type="checkbox"/> with Attached Garage		(<u>X</u>)	
<input type="checkbox"/> Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)		(<u>X</u>)	
<input type="checkbox"/> Mobile Home (manufactured date)		(<u>X</u>)	
<input type="checkbox"/> Addition/Alteration (specify)		(<u>X</u>)	
<input checked="" type="checkbox"/> Accessory Building (specify) <u>Garage / Pole Bldg</u>		(<u>22 x 24</u>)	<u>648</u>
<input type="checkbox"/> Accessory Building Addition/Alteration (specify)		(<u>X</u>)	
<input type="checkbox"/> Special Use: (explain)		(<u>X</u>)	
<input type="checkbox"/> Conditional Use: (explain)		(<u>X</u>)	
<input type="checkbox"/> Other: (explain)		(<u>X</u>)	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application, I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Charles & Meikelst
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: None
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit None
(If you recently purchased the property send your Recorded Deed

Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W), (*) Septic Tank (ST), (*) Drain Field (DF), (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake, (*) River, (*) Stream/Creek, or (*) Pond
(7) Show any (*): (*) Wetlands, or (*) Slopes over 20%

See Attached Map

Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of <u>25' West</u> <u>Platted Road</u>	82 Feet	Setback from the Lake (ordinary high water mark)	250 Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	250 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	83 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	100 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	80 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	30 Feet	Setback to Well	40 Feet
Setback to Drain Field	45 Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

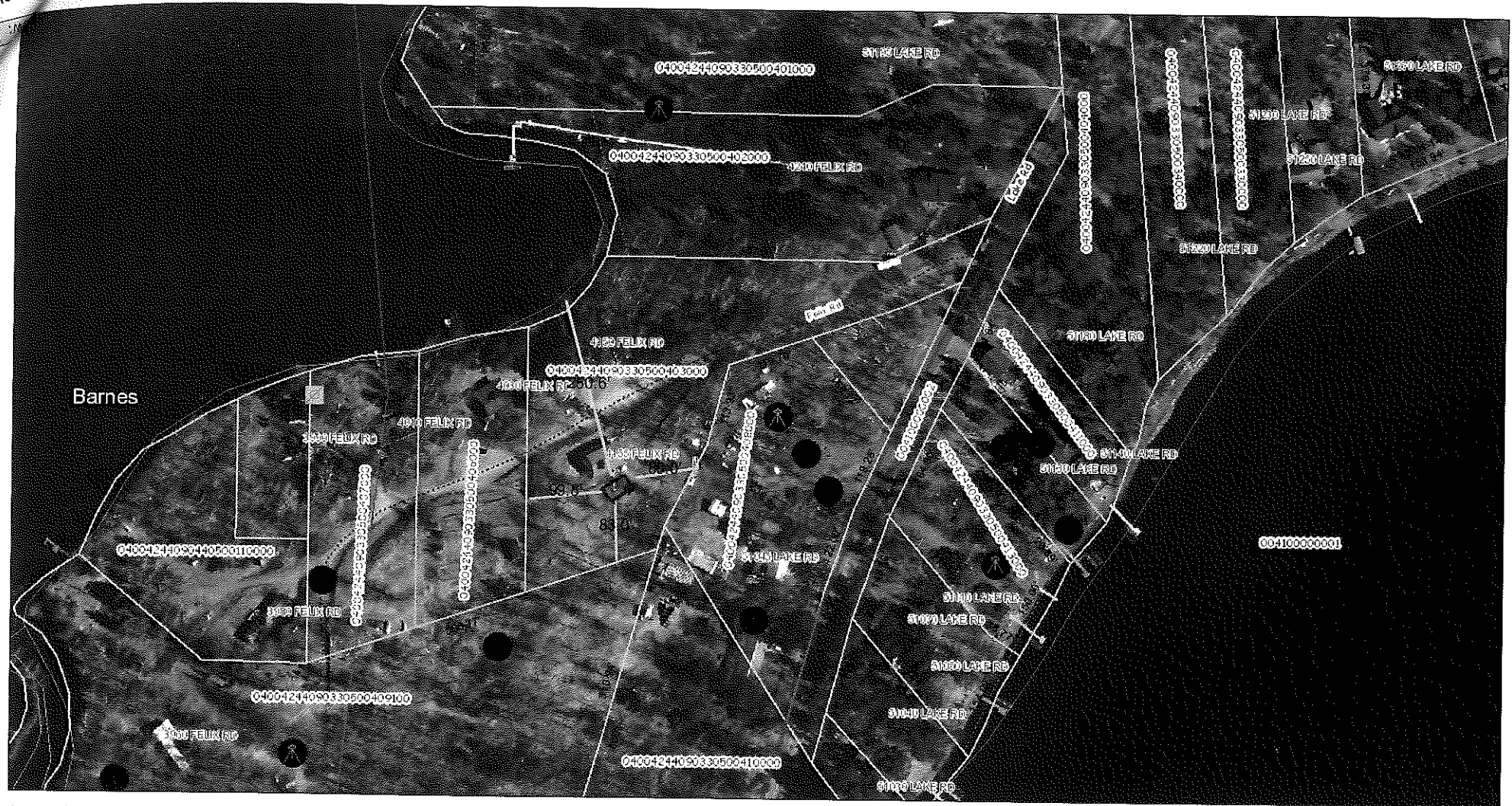
NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

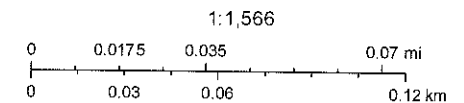
Issuance Information (County Use Only)	Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):	Reason for Denial:		
Permit #: <u>17-0330</u>	Permit Date: <u>8-16-17</u>		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input type="checkbox"/> Yes <input type="checkbox"/> No (Deed of Record) <input type="checkbox"/> Yes <input type="checkbox"/> No (Fused/Contiguous lot(s)) <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Mitigation Required <input type="checkbox"/> Yes <input type="checkbox"/> No Mitigation Attached	Affidavit Required <input type="checkbox"/> Yes <input type="checkbox"/> No Affidavit Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input type="checkbox"/> No	Case #:	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input type="checkbox"/> No	Case #:
Was Parcel Legally Created Was Proposed Building Site Delineated	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record:		Zoning District () Lakes Classification ()	
Date of Inspection: <u>8/11/17</u>	Inspected by: <u>[Signature]</u>	Date of Re-Inspection:	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No – (if No they need to be attached.) Condition: No accessory building shall be used for human habitation / sleeping purposes without necessary county and UDC permits. No pressurized water shall enter the building unless approved connection to POWTS. Must meet and maintain setbacks.			
Signature of Inspector: <u>[Signature]</u>		Date of Approval: <u>8/12/17</u>	
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>

Bayfield County Web AppBuilder



August 1, 2017

	Building		Recorded Map		State		Tie Line
Corner Tie Sheets			Road Type		Town		Rivers
	Section Corner Monument on File		CFR		Municipal Boundary		Douglas Co Parcels
	Section Corner Monument Referenced on Survey		County		Section Lines		Ashland Co Parcel
Survey Maps			Federal		Approximate Parcel Boundary		
	UnRecorded Map		Private		Meander Line		



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LAND USE – X
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SPECIAL –
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BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0330** Issued To: **Charlotte & F Michael Mecikalski**

Location: - $\frac{1}{4}$ of - $\frac{1}{4}$ Section **3** Township **44** N. Range **9** W. Town of **Barnes**

Par in
Gov't Lot **4** Lot Block Subdivision CSM#

For: **Residential Accessory Structure: [1- Story; Garage (26' x 24') = 624 sq. ft.]**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): No accessory building shall be used for human habitation / sleeping purposes without necessary County and UDC permits. No pressurized water shall enter the building unless approved connection to POWTS. Must meet and maintain setbacks.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.
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completed or if any prohibitory conditions are violated.

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Authorized Issuing Official

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Date